## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date:  | <u>4-7-08</u>   | Address:   | 120 W. Paulding Rd  |  |
|--|---|--|---|--|
| Case #:  | <u>22F42988</u>   |  | Fort Wayne In 46807   |  |
| County:  | <u>Allen</u>  |  |   |  |
| Type of Laboratory Scizure (check one)   |   | Seizure Location (check all that apply)                      |   |  |
| Chemica  | onal Lab<br>al/Glassware/Equipment (only)<br>te (only)            | Residence Outbuilding Vehicle                                | ☐ Hotel/Motel ☐ Open No Structure ☐ Other:  |  |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  ☑ Lithium/Ammonia Reaction(s): One-pot active reactio            |   |  |   |  |
| Red Phosphorous/Iodine Reaction(s);  |   |  |   |  |
| Flammable Solvents: Ether/Coleman Fuel   |   |  |   |  |
| ■ Water Reactive Metal (Lithium): <u>Lithium Batteries</u>   |   |  |   |  |
| Anhydrous Ammonia:   |   |  |   |  |
| ☐ Hydrochloric Acid Gas Generator(s): Several HCL.   |   |  |   |  |
| Corrosive Acid: Sulfuric Acid  |   |  |   |  |
| Corrosive Base: <u>Lye</u>   |   |  |   |  |
| ☑ Other (item and location): Filters/tubing/funnels  |   |  |   |  |
| Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services                             |   | ☐ Ephedrin<br>☐ Retail/Mo                                    | <ul> <li>Investigative Information</li> <li>□ Ephedrine/Pseudoephedrine Tracking Log</li> <li>□ Retail/Merchant Tip</li> <li>☑ Other: FWPD</li> </ul> |  |
| This report is to be faxed to the following agencies that serve the location:  |   |  |   |  |
| Health Depa  | ment: Fort Wayne Fire artment: Allen County Health ction Service: | Fax: <u>260-427-1277</u><br>Fax: <u>260-427-1391</u><br>Fax: |   |  |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr Rob Smith</u> Phone <u>260-432-8661</u> |   |  |   |  |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.